NHS
North East and North Cumbria

Item: 8

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	✓

BOARD 03 JUNE 2025	
Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.

Key points

The report includes items on:

- ICB Strategic Commissioning Transition Programme
- System finance
- Reflection on delivery of 2024/25 plan
- Transforming care year end update
- Service Change Advisory Group
- Activity Management Provisions
- Boost Learning Academy

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This report provides an overview for the Board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.

Acronyms and abbreviations explained

AMP - Activity Management Plans
BCF - Better Care Fund
CYP - Children and Young People
ICB - Integrated Care Board

ICS - Integrated Care System LTC – Long Term Conditions NENC - North East and North Cumbria NHSE - National Health Service England UEC – Urgent Emergency Care VCSE - Voluntary Community Social Enterprise

Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities (please tick all that apply)	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Essential considerations	
Financial implications and considerations	Not applicable – for information and assurance only.
Contracting and Procurement	Not applicable – for information and assurance only.
Local Delivery Team	Not applicable – for information and assurance only.
Digital implications	Not applicable – for information and assurance only.
Clinical involvement	Not applicable – for information and assurance only.
Health inequalities	Not applicable – for information and assurance only.
Patient and public involvement	Not applicable – for information and assurance only.
Partner and/or other stakeholder engagement	The ICB continues to engage with all stakeholders on a wide range of subjects.
Other resources	None noted.

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Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. ICB Transition Programme

2.1 ICB Strategic Commissioning Transition Programme - Overview and Arrangements May 2025

In response to the NHS England (NHSE) ask for Integrated Care Board's (ICB) to reduce their running and associated programme costs by 50%, the North East and North Cumbria (NENC) ICB has convened a Transition Committee to oversee the progression toward a strategic commissioning organisation. Note that, as a result of prudent financial management and delivering the original cost savings requested in 2023/24, the required cost reductions for NENC equates to 32.3%.

The first meeting of the committee took place on the 14th May 2025. Key areas of consideration and discussion included agreeing the programme infrastructure and governance arrangements as well as providing the committee with an overview of the engagement journey we have undertaken so far with our staff and partners in developing our draft operating model.

The committee also took time to review the ICB Blueprint document published by NHSE on the 2nd May 2025, which included a discussion around those services identified for potential to transfer recognising the need for broader partner engagement on these areas.

Moving forward, the committee will convene fortnightly to oversee the delivery of the programme.

3. North East and North Cumbria

3.1 Financial Position

As noted within the finance report, we are reporting delivery of our key financial targets for 2024/25, both for the ICB and wider Integrated Care System (ICS), subject to final audit. An overall surplus of £12.2m for the ICB has been delivered, including an underspend on ICB running costs, helping to offset pressures within provider positions, resulting in a small surplus position for the ICS as a whole.

That is extremely positive but as previously reported we do still expect 2025/26 to be a hugely challenging year financially due to the level of non-recurrent benefits supported the position in 2024/25 and lower than average growth for 2025/26.

A balanced financial plan was submitted for the ICS for 2025/26 however this does require delivery of significant additional efficiencies, between 5-8% of turnover per organisation. The plan also includes net unmitigated risks totalling £244m, compared with around £160m of net risk in the

2024/25. We continue to work with providers to reduce risk across the system and as part of the financial accountability reset at NHS England we have reinforced across the system each NHS Board is accountable for delivery of their plan.

Work is continuing around the medium-term financial plan which will be required to be formally produced and submitted to NHSE in 2025/26 following the issuing of 3 year allocations.

System recovery work continues to support delivery of the planned position and required efficiencies including difficult decisions that are necessary to ensure the system can live within its resources. It will be critical this year to deliver on workforce reductions with initiatives like the redeployment career hub being established at pace and an increasing grip on agency, bank and overtime.

3.2 Reflection on delivery of 2024/25 plan

As we transition into the delivery phase for our key ICB and ICS priorities in 2025/26, teams across the ICB have worked closely with stakeholders to successfully implement a wide range of initiatives during 2024/25, both locally and across the wider NENC system.

Local Delivery Teams (LDTs) have maintained a strong focus on integration—working collaboratively with Local Authorities, community providers, and the Voluntary Community Social Enterprise (VCSE) sector to deliver priorities through the Better Care Fund (BCF) and local transformation programmes aimed at improving outcomes for our populations and communities:

- **South Tyneside and Sunderland System Diagnostic**: Completed an in-depth evaluation of adult urgent and emergency care, including discharge pathways, forming the foundation for improvement plans in 2025/26 and supporting shared financial efficiency goals.
- **Community Frailty Transformation**: Established local programme groups to redesign adult frailty services, ensuring they are sustainable and capable of meeting rising demand.
- **Children's Neurodevelopmental Pathway**: Launched a needs-led pathway in Sunderland for children under five, enhancing early identification and access to support, independent of diagnosis. Tees Valley successfully commissioned and rolled out a new service supporting young people and adults aged 14+ with autism, both before and after diagnosis, ensuring a more holistic and timely care offer.
- **All-Age Mental Health Primary Care Service**: Rolled out a new model in South Tyneside that has improved access, increased support uptake, and reduced waiting times in secondary care mental health services.
- **Community MSK Services**: Implemented the GIRFT model across County Durham, Tees Valley, and Sunderland with targeted investment in super clinics and increased capacity, leading to significant reductions in waiting times.
- **Children and Young People Speech and Language Therapy services**: Transitioned children's speech and language services to CDDFT in County Durham, unifying all three therapies under one provider and aligning with SEND integration goals. This model was commended during SEND inspections. In Tees Valley, a preferred provider procurement process was successful improving access and consistency of SLT provision for children and young people.
- **SEND Improvements in County Durham**: Post-inspection, enhanced neurodiverse support with co-produced digital resources, extended school-based support trials, and a well-received multi-agency "roadshow" pilot.
- **Safehaven Development in North Tyneside and Gateshead**: Partnered with the VCSE sector to co-produce a new Safehaven model, progressing through site identification, capital works, and provider selection.

- **Northumberland Primary Care Network Innovations**: All six Primary Care Networks delivered population health initiatives tailored to rural and urban needs, building on proactive care models such as Fisher and Farmer.
- **Employment and Health Integration**: Advanced local Growth Accelerator models in North Tyneside and Northumberland, leveraging MSK and Talking Therapy services to support residents back into employment.
- **Newcastle Social Prescribing Review**: Undertook a strategic review resulting in the decommissioning of a service to enable reinvestment in high-impact, population health-led community support.
- **Mental Health Crisis Alternatives**: Launched a 7-day VCSE-led crisis alternative service across Gateshead and Newcastle, reducing pressure on emergency departments and crisis teams.
- **Primary Care Access improvement plans:** In North Cumbria, the Primary Care Informatics Team is supporting all GP practices to develop tailored Access Improvement Plans using data insights, promoting digital tools, and sharing best practice
- **Social Prescribing for CYP:** To address inequality in access to CYP Social Prescribers, a partnership between the ICB, local authorities, and PCNs enabled Barnardo's to provide equitable coverage across all nine PCNs in North Cumbria
- **Specialist Inpatient Palliative Care**: Designed and implemented a consistent model of specialist inpatient palliative care across Tees, significantly enhancing community access to expert support and strengthening provider resilience and sustainability. This was complemented by a successful programme of Gold Standards Framework roadshows, improving skills and confidence in end-of-life care.
- **Right Care, Right Person**: Fully implemented the new government policy across Tees Valley in 2024, supporting appropriate response pathways and reducing inappropriate demand on emergency services.
- **Rapid Response PEOL Service**: Successfully launched a new rapid response model in Tees Valley for palliative and end-of-life care, improving care coordination, enhancing use of community Single Points of Access, and increasing the efficiency and impact of the commissioned service.
- **Peer Support Services for Neurodivergent Individuals**: Implemented a comprehensive procurement process in Tees Valley to establish innovative peer support services for individuals with or awaiting a neurodivergence diagnosis, enhancing personalised support across the region.

Primary Care Delivery

Throughout 2024/25, Strategic Heads of Primary Care alongside the Director of Delivery for Tees Valley, worked collectively to ensure consistent delivery across the system. Achievements include:

- Development of Locally Commissioned Services Review and baseline data collation
- Strategic oversight of Primary Care System Development Funding, including GP Resilience and Retention.
- Implementation of the Primary Care Thematic Plan, Access Recovery Programme, and Protected Learning Time initiatives.
- Strengthened Quality and Performance Monitoring, including dashboards and ARRS processes.
- Coordination of key submissions related to workforce planning, migrant health, and contracting.

Mental Health, Learning Disability & Neurodiversity

Throughout 2024/25, a way of working was developed between the transformation and planning and performance team to ensure we have a comprehensive and inclusive approach to mental health, learning disability and neurodiversity commissioning, planning and performance. This included representation from key ICB teams, providers and NHSE. This strengthened the 2025/26 planning process and plays a key role in assurance to NHSE and to the ICB Executive Committee and Board.

Key achievements of the programme include:

- Created a comprehensive Mental Health, Learning Disability & Autism dashboard (launching 2025/26) and established an Assuring Transformation dashboard to enhance oversight.
- Supported alternative to admission initiatives like Darlington's Safe Haven and a 24/7 pilot in Copeland; evaluated inpatient models with implementation planned for 2025/26.
- Achieved a significant reduction in out-of-area placements through collaborative work with specialist teams.
- Delivered learning disability annual health checks to 79% of those on registers and met regional inpatient reduction targets.
- Finalised a regional specification for Community Eating Disorder Services and supported ARFID training.
- Formed a system-wide ADHD & Autism Steering Group, developed an all-age pathway, and endorsed a provider specification.
- Expanded Mental Health Support Teams to cover 50% of the region and implemented '111 press 2' for mental health crisis support.
- Secured funding to grow Talking Therapies and IPS, centralised IPS oversight, and initiated transformation work on neurodevelopment and assertive outreach services.

Housing, Health & Care Integration

In 2024/25, this programme has:

- Secured in-principle approval for £8.4m capital investment to develop supported living for people ready to leave hospital.
- Delivered a regional baseline of need and a development pipeline to meet future demand.
- Launched a Small Supports programme to grow new, person-centred care providers in three areas.
- Published a five-year roadmap and Memorandum of Understanding to align system-wide commitment.
- Worked with local authorities to raise standards for care-ready and dementia-friendly housing.
- Boosted sector skills in technology-enabled care through training and resources.
- Began developing data sharing agreements to better understand health impacts of damp and mould.

Urgent and Emergency Care & Living and Ageing Well

In 2024/25, the initial focus was on refreshed governance structures and strengthened partnerships, notably through the Living and Ageing Well Partnership, which provides monthly system-level oversight of community service priorities.

Key developments included:

- A new out-of-hospital metric focusing on time spent at home.

- Ambulance Handover Improvement Programme, in collaboration with AQUA, significantly improving handover times and maintaining national-leading category 2 response rates for NEAS.
- The CAS Clinical Model Optimisation increased Hear and Treat rates and reduced low-value activity.
- Expansion of Hospital at Home, Urgent Community Response, and care coordination hubs.
- Mobilisation of 40 Acute Respiratory Illness (ARI) hubs, delivering over 51,000 appointments with plans for recurrent funding.
- Enhancements in SDEC access, UTC development, and remodelling of ED front doors, resulting in increased UTC usage and reduced Type 1 ED attendances.

Tackling Health Inequalities

The Healthier and Fairer programme remained central to our strategy to reduce disparities and improve outcomes across our most disadvantaged communities. Highlights included:

- Publication of the Annual Health Inequalities Report, embedded in the ICB's Annual Report.
- Adoption of a co-produced "Approach to Inclusion Health" framework, embedding trauma-informed care and parity of esteem principles.
- Ongoing work with the Deep End Network supporting GP practices in areas of high deprivation, increasing vaccine uptake, strengthening social prescribing, and addressing GP workforce challenges.

Long Term Conditions (LTC)

Following the end of Clinical Networks, the LTC programme refocused efforts on delivery planning and partnership engagement. Achievements included:

- Business case approval and rollout of diagnostic spirometry services and training for over 2,000 clinicians.
- Publication of COPD guidance and support for two regional Diabetes GIRFT reviews.
- Planning for equitable access to Hybrid Closed Loop systems for diabetes care.
- Expanded CVD and stroke prevention projects, focusing on high-risk communities and deploying blood pressure kiosks in deprived and ethnic minority areas.
- Stakeholder engagement through a system-wide "tour" of stroke services, shaping the 2025/26 work plan.

Prevention and Workforce

The Early Intervention and Prevention Pillar is now in mobilisation, with a focus on:

- A new Local Enhanced Scheme for cohort identification.
- Commissioning of work coaches and interventions using personal health budgets and micro-grants.
- Investment in MSK and talking therapies to support early intervention.
- The Health and Care Workforce Pillar has also advanced, with the launch of a mental health and wellbeing hub for the workforce and development of digital and lifestyle health support offers including alcohol harm reduction, smoking cessation, and weight management programmes.

3.3 Transforming Care Year End Update

NENC ICB and its predecessor CCGs have had higher than expected numbers of people in hospital with learning disabilities and/or autism. Whilst there are some historical explanations for the higher numbers, there are still too many people in hospital for too long after treatment has been completed. To ensure there is a focus on preventing avoidable admissions and speeding up discharges in 2024/25 NENC ICB invested in a complex case management team drawn from across the ICB and Everyturn, a VCSE organisation. This team, along with Trust and Local Authority partners, identified the individuals who could be discharged with additional case management support, found, and secured out community alternatives to hospital and supported the individual to move safely out of hospital.

In 2024/25 the national team directed all ICBs to reduce the number of people in hospital with a learning disability, with a learning disability and autism, and with autism by 10%. This reduction is calculated from the total number of people in hospital in Q4 2023 (165) and doesn't include the number of people admitted in 2024/25 (84) or any new diagnosis of autism (12) whilst a person is in hospital. The ICB has received confirmation from NHS England that the 10% reduction has been achieved in all these areas. By the end of 2024/25 107 discharges had taken place. Ten discharges were of people who had been in hospital for five plus years, with four people being in hospital for over ten years and one person over twenty. The discharges were followed up by the team to ensure that the person is happy and is living well in the community.

The team have used the intelligence from the Housing Health and Care strategy to further work with Local Authority commissioners to develop the complex care market to enable more people in 2025/26 to be able to live well in the community, The team have also strengthened the dynamic support registers which help people to stay out of hospital by using care (education) and treatment reviews to consider what the community alternatives to a hospital admission could be.

3.4 Urgent and Emergency Care Plan / Winter Preparation

Work is underway across the ICB and broader ICS to develop our winter plans for 2025/26. The ICB recently hosted the NENC-wide 2024/25 Winter Debrief which brought together colleagues from across the wider urgent and emergency care system to review our collective response to the recent winter period and identify the key successes, challenges, and lessons learned. The ICB system co-ordination centre provided an overview of our operational response to winter pressures and Local A&E Delivery Boards fed back on the specific challenges encountered locally. The ICB UEC transformation team reviewed the priority winter schemes which were implemented during 2024/25 including Ambulance Handover improvements, front-door remodelling, Same Day Emergency Care, and Acute Respiratory Infection hubs. Key areas of feedback included the need for earlier and more collaborative planning and the standardisation and integration of protocols, digital tools, and access to alternative pathways to improve patient flow.

The strategic planning priorities for 2025/26 were also reviewed and discussed and whilst there is broad agreement that they remain the right areas of focus there is a need for local adaption and refinement to meet the specific challenges encountered across places and within priority patient cohorts (e.g., frailty, respiratory, cardiology, paediatrics). A number of key actions we identified that require focussed work over the spring/summer in order to ensure we are more comprehensively prepared for winter including infrastructure and service development (e.g. SDEC, Virtual Wards), care co-ordination and navigation (multi-agency single points of access), workforce and system readiness, vaccination (including early promotion and addressing variation in staff vaccination rates), and pre-winter optimisation for patients with chronic conditions.

In response to the need for earlier and more collaborative planning, a winter planning assurance and delivery group has been established as a formal sub-group of the ICB executive committee. This group is chaired by the ICB Chief Medical Officer and will oversee and co-ordinate the

production of the ICB winter plan for 2025/26, bringing together plans across key workstreams including transformation, vaccination, communications and engagement, and local place-based delivery. The group will routinely report into both the Urgent & Emergency Care Network and the Living & Ageing Well Partnership strategic programme board meetings to update on the planning process.

Initially the group will work to assure the ICB executive that there is a coherent, measurable winter plan aligned with national expectations and timescales. The group will continue to oversee and monitor delivery of the plan itself, including timely delivery of priority actions and milestones and proactive management of risks and barriers to implementation, providing system-wide co-ordination and accountability, including managing performance challenges, and tackling unwarranted variation across the system.

The System Resilience Operational Group also continues to meet regularly, building on the recent programme of work which was facilitated by colleagues from the Advancing Quality Alliance with a particular focus on reducing ambulance handover delays and harnessing data and technology solutions to inform intelligent conveyancing approaches.

Our proposed approach to winter planning and preparation has been socialised across the system, including at the recent NENC Elective & UEC Spring Conference which brought together key partners and stakeholders from across our system to share best-practice examples and consider our integrated preparation for, and collective response to, the winter period in 2025/26.

3.5 Clinical Portals

There are two clinical systems, funded by the ICB, which are used by clinicians within North East and North Cumbria (in primary and secondary care). Both systems provide clinicians with the ability to review local and national guidelines and pathways and are recognised as providing high quality information.

On Tuesday 13 May 2025, the ICB's Executive Committee met to discuss the clinical pathways and guidelines programme, and a business case to look at future options for the provision of these platforms – recognising different areas use different systems. This proposal was informed by a number of engagement opportunities with partners across the region.

Whilst both clinical portal systems provide a high-quality offer there is scope to look at opportunities to standardise care pathways, reducing duplication and save money, especially in light of the running cost reduction requirements.

With this in mind, following an options appraisal, the ICB has been agreed to implement a single clinical portal platform, and to develop a wraparound workforce model to support the transition and implementation. This will include clinical leaders, digital coordinators, and programme support, providing standardised delivery while maintaining local expertise.

This new system would cost less that the current model and will be easier to manage.

The change would take 18 months to fully roll out and additional support will be provided during this time.

3.6 Service Change Advisory Group

Since it's formation over 75 years ago, the NHS has evolved and changed as new treatments, vaccinations, medication and technology have been adopted. The next 75 years will be very different to the previous 75, especially given the most recent technological and medical advancements including robotic surgery and the use of artificial intelligence.

With any change, there are processes that need to be followed in line with what is detailed statutorily in the Health and Social Care Act. Recognising the need to develop services which align to the national three shifts, we have set up a Service Change Advisory Group to ensure we have collective leadership regarding the process of service change, recognising this is complex and can be subjective to manage.

This Advisory Group will challenge process and make recommendations to the Board in advance of any formal decision-making process

3.7 Changes to the Activity Management Provisions within the NHS Standard Contract

Following consultation, NHS England have amended the NHS Standard Contract's provisions that cover activity management. The activity management process within the contract has always existed and is designed to enable the commissioner and provider set an annual indicative activity plan, which sets out the activity and cost of what is being commissioned, and then manage any deviations from the plan by understanding the causes and remedial actions necessary. In order to strengthen commissioners' control, the following key changes have been made to the 2025/26 contract:

- Commissioners can now set indicative activity plans based on affordability, aligned to their system financial plans.
- Activity plans can now be imposed on providers, if agreement cannot be reached, as long as commissioners can demonstrate that they have meaningfully engaged with providers to seek agreement.
- Activity management plans (AMP), which outline remedial actions to return activity to commissioned levels, can now be imposed by commissioners where they can't be agreed and can include financial consequences if the provider does not comply with the AMP.
- Commissioners can now set minimum waiting times as activity planning assumptions (APAs). APAs underpin indicative activity plans and are to be followed by providers as part of delivering the indicative activity plan. In practice this means that commissioners can now set expectations about the minimum average waiting times it expects providers to deliver.

The ICB intends to use these provisions as required. Where there are currently particularly short waiting times in any specialty across providers, a minimum waiting time APA is to be implemented to enable resource to be moved and used to commission activity in specialities where there are longer waiting times.

3.8 Boost and Learning Academy

The Boost Learning and Improvement community now has over 15,500 members with representation from a across all sectors. Demographics of users include all areas of NENC plus many other areas across the country including Leicester to London and Scotland to Southampton.

Collaboration is underway with the engagement and involvement team to develop a 'People's Hub' which will be used to promote membership from citizens. The team are also working with 'National Voices' to help amplify the voice of lived-experience in our region.

Boost have also worked in collaboration with Aqua to design a bespoke approach to continuous improvement and delivered the five day quality improvement programme to 30 ICB staff. NENC ICB are now an accredited learning academy in this respect.

Bespoke support continues to be offered linked to the ICB strategic aims. These include ongoing work with the All Age Continuing Care team, support for the proactive and frailty care event,

Growth Accelerator support, lessons learned event from regulation 28 notice, Northern Cancer Alliance and a system Allied Health Professionals strategy development.

Boost are committed to continuous improvement and an evaluation project with Applied Research Collaborative colleagues (Newcastle University) is currently underway.

4. Recommendations

The Board is asked to receive the report and ask any questions of the Chief Executive.

Name of Author: Samantha Allen
Name of Sponsoring Director: Professor Sir Liam Donaldson
Date: 22 May 2025

Appendix 1

Between 26 March – 23 May 2025 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	11
Local Authority	14
Place (including community and voluntary sector)	18
Community and primary care (including general practice)	5